

# NON-REFUNDABLE

## CITY OF ST. CHARLES

OFFICE OF THE CITY CLERK  
TWO EAST MAIN STREET  
ST. CHARLES, IL 60174-1984

### For Approval

Mayor \_\_\_\_\_  
Cliff White \_\_\_\_\_

### For Office Use

Received \_\_\_\_\_  
Fee Paid \$ \_\_\_\_\_  
Receipt # \_\_\_\_\_

## CITY RETAIL LICENSE APPLICATION

☐ New ☐ Renewal

Principle License Requested \_\_\_\_\_ Applicable From \_\_\_\_\_ To \_\_\_\_\_

Name of Business \_\_\_\_\_ Sales Tax # \_\_\_\_\_

Address of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Location of Business: ☐ Basement ☐ 1st Floor ☐ 2nd Floor ☐ Other \_\_\_\_\_

Specific Type of Business \_\_\_\_\_

Applicant/Owner Name \_\_\_\_\_

Address/Phone \_\_\_\_\_

On Premise Manager's Name \_\_\_\_\_ Address/Phone \_\_\_\_\_

Waste & Recycling Hauler used for the business \_\_\_\_\_

Additional License(s) Requested: ☐ Cigarettes (over counter) ☐ Cigarettes (machine) ☐ Billiards; Number requested \_\_\_\_\_

### ☒ This section for Scavenger License Only

☐ Residential ☐ Non-Residential

Vehicles Licensed and Titled by \_\_\_\_\_

Capacity and Type of Vehicles \_\_\_\_\_

Disposal Site(s) \_\_\_\_\_

List All Types of Materials Collected to be Recycled \_\_\_\_\_

Volume of material collected for recycling during past year licensing period: CCY \_\_\_\_\_ Tons \_\_\_\_\_

Volume of material collected for recycling during same licensing period: CCY \_\_\_\_\_ Tons \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Amount \_\_\_\_\_

Limits \_\_\_\_\_

When application is submitted, please accompany it with the following: A check in the amount of \$500.00 made payable to the City of St. Charles; a list of charges for commercial, business and industrial establishments; and proof of insurance.

I (We), the undersigned, say that I (we) have read the foregoing application and that the statements therein are true, complete and correct and are made upon my (our) personal knowledge and information and are made for the purpose of inducing the City of St. Charles to grant the requested license(s) for the period ending April 30 of the current fiscal year unless otherwise stated herein, and for the location hereinbefore indicated. I(We) further understand that any misrepresentation or the failure to notify the Director of Public Works or his designee of any fact requested in this application or omission of any fact pertinent to this application shall constitute good cause for the City Council to deny this application and/or recommend the revocation of any license issued pursuant to this application.

Printed name of Applicant \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

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Home Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_